Print Name:___



State of Michigan LICENSING AND REGULATORY AFFAIRS UNEMPLOYMENT INSURANCE AGENCY Tax Office P.O. Box 8068 Royal Oak, Michigan 48068-8068 www.michigan.gov/uia



Report and Agreement on Partial Transfer of Business Certification

UIA Employer Account Number	Mail Date
Section 22 of the Michigan Employment Security Act reads	in part:
	uent to June 30, 1954 any of the assets of his business by any means ransfer shall be deemed a "transfer of business" for the purpose of
(b) Notwithstanding the provisions of subsection (a), transferor's assets shall not be deemed a transfer of both	a transfer of assets to a transferee which involves less than 75% of usiness unless all of the following occur:
the quarter in which the transfer occurred. (2) The Agency receives within 30 days after the of a rating account transfer determined in accor	request therefor a written approval by the transferor and transferee dance with provisions of subsection (d) (of this section). Section 25 to become subject as of the transfer date, the Agency ailing of a notice of his right to elect.
	ting that you (the transferor) transferred less than 75% of your assets to ee), the initial requirement to effect a partial rating account transfer has
	3), the Agency must have authorization from both you (the transferor) s been agreed upon. Your signatures in the spaces provided below are
ness operation; (2) The payroll information requested on the reshould be used to determine the amount of mosto the transferee's account; (3) The transferee, if not a liable employer on the	from you (the transferor) in the continuation of part of your busi- everse of this report is correct to the best of your knowledge and ney which will be deducted from your rating account and credited ne date of transfer, is electing to become a liable employer under of transfer, for the purpose of obtaining a partial rating account have agreed to this partial account transfer.
TRANSFEROR	TRANSFEREE
Signature:	Signature:

Print Name:_____

Instructions and Worksheet

											es represent the gro . If not correct, expla			
Qtr	Yr		Qtr	Yr		Qtr	Yr		Qtr	Yr				
Total	\$	+	- Total	\$	+	Total	\$	+	Total	\$	=	Total	\$	
Taxable	\$	+	- Taxable	\$	+	Taxable	\$	+	Taxable	\$	=	Taxable	\$	
of their at some	services in con	nection with	h the trans ortionate p	ferred portion of ercent of the wag	the business,	during th	ne 4 calendar qu	arters indicate	ed, wheth	er they wer	de all of the wages p re employed on the e transferred portior	transfer o	late or ha	d been separated
Qtr	Yr		Qtr	Yr		Qtr	_ Yr		Qtr	Yr				
Total	\$	+	- Total	\$	+	Total	\$	+	Total	\$	=	Total	\$	
Taxable	\$	+	- Taxable	\$	+	Taxable	\$	+	Taxable	\$	=	Taxable	\$	
				he beginning of t red on March 31, .						which is allo	ocatable to the trans	ferred po	rtion of t	he business. (Iten
												Total	\$	
												Taxable	\$	
ing the	4 completed q	uarters prec	eding the t		during the po	rtion of t	he calendar quai	rter, if any, in v	which the	transfer oc	nection with the trar curred (Attach addit and 3.			
A. This portion MUST be completed.			B. This port	B. This portion is OPTIONAL.										
			Qtr	Qtr Yr			Qtr Yr			Qtr Yr			Yr.	
	ΙΔΜΕ	S S NILIME	% (DF TOTAL	TAXA	\BLE	TOTAL	TAXABL	E	TOTAL	TAXABLE	TO	TAL	TAX-

A. This portion MUST be completed.		B. This portion is OPTIONAL.									
			Qtr Yr		Qtr	Yr	Qtr	Yr	QtrYr.		
NAME	S.S. NUMBER	% OF TIME	TOTAL	TAXABLE	TOTAL	TAXABLE	TOTAL	TAXABLE	TOTAL	TAX-	
TOTALS – Transfer to Item	fer to Item 2 \$		\$	\$	\$	\$	\$	\$	\$		